

CID#: _____ ACCOUNT#: _____ CYCLE#: _____

APPLICATION TO CHANGE INFORMATION ON AN EXISTING OR CURRENT CUSTOMER ONLY.

THIS FORM IS NOT TO BE USED TO CHANGE THE ACCOUNT FROM ONE PERSON TO ANOTHER PERSON.

CITY OF ENTERPRISE WATER WORKS
PO Box 311000, ENTERPRISE, AL 36331-1000
PHONE: 334-347-1211 FAX: 334-348-2613
www.cityofenterprise.net

Current Service Address: _____

Name: _____
(as it is shown on the current account)

Name Change: (supporting documents must be provided (EX: Marriage Cert, etc))

Customer SSN#: _____ DOB: _____

Driver's License #: _____ State: _____ Expiration: _____

Old Mailing
Address: _____

New Mailing Address: _____

Old Email Address: _____

New Email Address: _____

Current Contact Information - Telephone #:

Home _____ Work _____ Cell _____

Printed Name of Person Submitting Request (Need current Identification) _____

Signature: _____ Date: _____

(For Office Use Only) Processed by: _____ Date Completed _____
10/1/2013 9:32 AM